

PRESEPARATION COUNSELING CHECKLIST

(Please read Privacy Act Statement below before completing this form.)

SECTION 1 – PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1142, E.O. 9397.

PRINCIPAL PUPOSE (S): To record preseparation services and benefits requested by and provided to Service members; to identify Preseparation counseling areas of interest as a basis for development of an individual Transition Plan (ITP). The signed preseparation Counseling checklist will be maintained in the Service members official personnel file. Title 10, USC 1142, requires that not later than 90 days before the date of separation, preseparation counseling for Service members be made available.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, it will not be possible to initiate preseparation services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

SECTION II – PERSONAL INFORMATION (to be filled out by all applicants)

1. NAME (Last, First, Middle Initial)		2. SSN		3. GRADE	
4. SERVICE	5. DUTY STATION	6. EXPECTED SEPARATION DATE (YYYYMMDD)	7. DATE CHECKLIST PREPARED (YYYYMMDD)		

Section III. ALL TRANSITIONING SERVICE MEMBERS MUST READ AND SIGN.

I was offered preseparation counseling on the above date (Item 7) on my transition benefits and services as appropriate. I understand that this preseparation counseling is provided to assist my transition process as required by Title 10, USC 1142.
☐ accept ☐ decline (X appropriate block) further transition assistance counseling. (If you declined further transition assistance Counseling, sign and date.) I have checked those items where I desire further information or counseling. I have also been advised where to obtain assistance in developing an Individual Transition Plan (ITP).

8a. SERVICE MEMBER SIGNATURE	b. DATE (YYYYMMDD)	9a. TRANSITION COUNSELOR SIGNATURE	b. DATE (YYYYMMDD)
-------------------------------------	---------------------------	---	---------------------------

SECTION IV. Please indicate (by checking YES or NO) whether you (or your spouse if applicable) desire counseling for the following services and benefits. All benefits and services checked YES should be used in developing your ITP. The following services and benefits are available to all Service members, unless otherwise specified.

	SERVICEMEMBER			SPOUSE			REFERRED TO (input is optional)
	YES	NO	N/A	YES	NO	N/A	
10. EFFECTS OF A CAREER CHANGE							FFSC Transition Staff
11. EMPLOYMENT ASSISTANCE							
a. Dept. of Labor sponsored Transition Assistance Workshops and Service sponsored transition Seminars/ Workshops							FFSC Transition Staff
b. Use of DD Form 2586 (Verification of Military Experience and Training)							FFSC Transition Staff
(1) Do you want a copy of your Verification of Military Experience and Training?							Documents can be obtained from your FFSC Transition staff.
c. DoD Job Search Web Site: dod.jobsearch.org							http://dod.jobsearch.org
d. Transition Bulletin Board (TBB) and Public and Community Service Opportunities							http://www.dmdc.osd.mil/ot
e. Teachers and Teacher's Aide Opportunities/Troops to Teachers							http://voled.doded.mil/dantes/ttt
f. Federal Employment Opportunities							http://www.opm.gov ; http://www.donhr.navy.mil/
g. Hiring Preference in Non-Appropriated Fund (NAF) jobs (Eligible Involuntary Separatees)							http://dodtransportal.org
h. State Employment Agencies/America's Job Bank							http://www.ajb.dni.us/
12. RELOCATION ASSISTANCE * NOTE: Status of Forces Agreement limitations apply for overseas Service members.							
a. Permissive (TDY/TAD) and Excess leave							Command Career Counselor/Personnel Office
* b. Travel and transportation allowances							Personal Property Office; Naval Reserve CARIT
13. EDUCATION/TRAINING							
a. Education benefits (Montgomery GI Bill, Veterans Educational Assistance Program, Vietnam-era, etc.)							1-800-962-1425; 1-800-827-1000 or visit http://www.va.gov
b. Workforce Investment Act (WIA)							http://www.doleta.gov/usworkforce/
c. Additional education or training options							Command Career Counselor

PRESEPARATION COUNSELING CHECKLIST SECTION IV (Continued)		NAME (Last, First, Middle Initial)						SSN
		SERVICE MEMBER			SPOUSE			REFERRED TO (input is optional)
		YES	NO	N/A	YES	NO	N/A	
13. EDUCATION/TRAINING (continued)								
d. Licensing and Certification Information (www.umet-vets.dol.gov)								http://www.umet-vets.dol.gov
e. Defense Activity for Non-Traditional Educational Support (www.voled.doded.mil/)								http://www.voled.doded.mil Local Navy College Office
14. HEALTH AND LIFE INSURANCE								
a. 60-day or 120-day extended Military and limited Dental benefits (Eligible Involuntary Separates)								Health Benefits Advisor or http://www.tricare.osd.mil
b. Option to purchase 18-month conversion health insurance Concurrent pre-existing condition coverage with purchase of Conversion health insurance.								Continued Health Care Benefit Program (CHCBP) 1-800-809-6119
c. Veteran's Group Life Insurance								1-800-827-1000 or http://www.va.gov
15. FINANCES								
a. Financial Management (TSP, Retirement, SBP)								Command Financial Specialist; Financial Educator at FFSC; http://www.tsp.gov
b. Separation pay (Eligible Involuntary Separatee)								Personnel Office
c. Unemployment Compensation								State Employment Office
d. Other financial assistance (VA Loans, SBA Loans, and other government grants and loans).								http://www.va.gov http://www.sba.gov
16. RESERVE AFFILIATION								Naval Reserve CARIT Brief
17. DISABLED VETERANS BENEFITS								
a. Disabled Transition Assistance Program (DTAP)								FFSC Transition Staff; 1-800-827- 1000 or http://www.va.gov
b. VA Disability Benefits								Same as 17a.
18. INDIVIDUAL TRANSITION PLAN (ITP)								
a. As a separating Service member, after receiving the basic preseparation information and completing this checklist, you and your spouse (if applicable) are entitled to receive assistance in developing an ITP and counseling based on the areas of interest you have identified on the checklist. The preseparation checklist addresses a variety of transition services and benefits to which you may be entitled. Each individual is strongly encouraged to take advantage of the opportunity to develop an ITP. The purpose of an ITP is to identify educational, training and employment objectives and to develop a plan to achieve these objectives. It is the Military Department's responsibility to offer Service members the opportunity and assistance to develop an ITP. It is the Service member's responsibility to develop an ITP based on his/her specific objectives and the objectives of his or her spouse, if appropriate.								
b. Based upon information received during Preseparation Counseling, do you desire assistance in developing your ITP? If yes, the Command Career Counselor is available to assist.								A sample ITP is available at http://www.staynavy.navy.mil/
SECTION V – REMARKS If Service member is completing this form less than 90 days prior to separation, an explanation is required. Use this section to document reason for non-compliance with 10 U.S.C. 1142. If unanticipated loss, so state. Give date of original notification of loss. Ensure a statement is made and initialed by service member that he/she has been advised to their eligibility to receive transition assistance services, which includes the U.S. Department of Labor TAP Workshop, for up to 180 days following separation. Separation from active duty will not be delayed for the sole purpose of attending a TAP Workshop. Service member has been advised he/she may receive transition services at any DoD installation hosting transition services. <div style="text-align: center;"><u>Attention Career Counselors</u></div> Please have the following information when signing service members for TAP and fax this DD Form 2648 to the TAMP Office. Fax number is (850) 452-2868. Signature of <u>MEMBER</u> (Block 8) and Signature of <u>Career Counselor</u> (Block 9) and dates. <div style="text-align: center;">Month Attending TAP _____.</div> <ul style="list-style-type: none"> • TAP Seminar month (e.g. MAR 02) • Circle Retiring or Separating (RETIRING) (SEPARATING) • Staying in Pensacola area? ____ YES ____ NO • Is Spouse attending? ____ YES ____ NO • Command: _____ • Career Counselor's Name: _____ Phone # _____ Fax # _____ 								